

EXHIBIT

E

88&

**Massachusetts Department of Correction
Inmate Medical and Mental Health Grievance & Appeal Form**

Facility: Concord	Housing Unit: J6-12A	Check level: Grievance to HSA <input checked="" type="checkbox"/>
Inmate First Name: Emory G.	ID#: W59191	Appeal to MPCH <input type="checkbox"/>
Inmate Last Name: Snell, Jr.	Date of Birth: [REDACTED]	

Check one:
 Have you submitted a sick slip or attended Staff Access about the issue described? Yes ☒ No ☐
 Has this been addressed before through the grievance process? Yes ☒ No ☐

Note: If you have not attended Staff Access and submitted sick slips for this issue, you must do so prior to filing a grievance.

Please read the following carefully:

Step 1: Completed medical and mental health grievance forms may be submitted directly to the Health Services Administrator (HSA) or by placing the form in the Sick Call Box. In special management units, forms may be handed to rounding healthcare staff.

Step 2: You may appeal the decision of the HSA or designee (Director of Nursing-DON, Mental Health Director-MHD):

- An appeal must be filed within 10 working days from the receipt of the HSA or designee's decision.
- You may file the appeal directly to the MPCH Grievance and Appeal Coordinator, by sending it to:

MPCH Grievance and Appeal Coordinator
 C/O MPCH - Services, Inc.
 110 Turnpike Road
 Suite 308
 Westborough, MA 01581

The decision of the MPCH Grievance and Appeal Coordinator is final.

Summary of Medical or Mental Health Grievance (Attach Additional Sheets As Necessary):

Since 1998, the DOC's for-profit medical providers have been aware through their own medical diagnosis that I suffered from: (a) Osteoarthritis (DJD); lower back arthritis; and most recently (b) right elbow / ankle fractures, and ADA/RA qualifying disabilities. Yet, despite more than TWO (2) decades of medically documented injuries, I have repeatedly been forced to jump through hoops, simply for the purpose of receiving "Special Medical Needs Appliances" that provide me a reasonable, albeit, de minimus, accommodation for those serious medical disabilities. For example, on 16 July 2014, a major shakedown of housing unit J6, ended in the complete confiscation of: (i)(2) knee braces; (ii)(1) back brace (not bellyband); (iii)(1) Air-Cast; (iv)(1) elbow sleeve (neoprene), and (v)(1) knee sleeve (neoprene). On 16 July 2014, I the mandated 'Sick-Slip' and on 22 July 2014, I was finally called for 'Treatment.' However, notwithstanding my above diagnosis by both Dr. Ruze, & Rob Mayer, nurse Smith did not return any of the aforesaid, on the complaint that my "Medical Records" were confusing!!!

Remedy Requested (Attach Additional Sheets As Necessary):

Whereas, the excruciating pain suffered since 16 July 2014 is tremendous, and despite my only avenue of treatment is through MCHP, which is subpar, and only compounds my knee(s) and lower back pain, without any professional attention to either, I request a return of every medical appliances listed above, and \$500.00 dollars per diem for that intentionally inflicted physical pain and suffering. Additionally, I demand that each medical appliance be provided under a specific "Indefinite" timeframe, so as historically repeated excruciating pain will not constantly reoccur due to medical malfeasance, to wit, failure to keep TMS current.

Inmate Signature:

Date:

Emory G. Snell, Jr.

22 July 2014

Healthcare Staff ONLY: